No. 300
10-48
1.6
4

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 25 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 478

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 17

**1. PLACE OF DEATH**
a. COUNTY: CAPE GIRARDEAU
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CAPE GIRARDEAU
c. LENGTH OF STAY (In this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: ST FRANCIS HOSPITAL

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission):
a. STATE: MISSOURI
b. COUNTY: NEW MADRID
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEW MADRID
d. STREET ADDRESS (If rural, give location):

72
11
0
1

**3. NAME OF DECEASED** (Type or Print)
a. (First): HARRIET
b. (Middle):
c. (Last): BROWN

**4. DATE OF DEATH** (Month) (Day) (Year): JAN 9 - 1949

**5. SEX**: FEMALE
**6. COLOR OR RACE**: Colored
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED
**8. DATE OF BIRTH**: MARCH 2 - 1907
**9. AGE** (In years last birthday): 41
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): HOUSEWIFE
**10b. KIND OF BUSINESS OR INDUSTRY**: —
**11. BIRTHPLACE** (State or foreign country): NEW MADRID MO
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: JERRY WILKERSON
**13b. MOTHER'S MAIDEN NAME**: EMMA WOODS
**14. NAME OF HUSBAND OR WIFE**: HENRY BROWN

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO
(If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**: NO.
**17. INFORMANT'S SIGNATURE OR NAME**: Henry Brown
**ADDRESS**: New Madrid MO

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating — the underlying cause last.*
DUE TO (b) { Syphilis - (4+ Kahn) History negative for rheumatic fever, &
DUE TO (c) Cardiac Complications

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
1929

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: Not operated upon
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): X
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): X
**21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**: X
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): X X X X m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: X

22. *I hereby certify that I attended the deceased from* 12-31, 1948, *to* 1-8, 1949, *that I last saw the deceased alive on* 1-8, 1949, *and that death occurred at* 9:40 A.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Albert McEstes MD
**23b. ADDRESS**: 225 N. Main St. Jackson
**23c. DATE SIGNED**: 1-11-49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 1/14-49
**24c. NAME OF CEMETERY OR CREMATORY**: Sand hill
**24d. LOCATION** (City, town, or county) (State): New Madrid Mo.

**DATE REC'D BY LOCAL REG.**: Jan 19-1949
**REGISTRAR'S SIGNATURE**: C. C. Summers M.D.
44
**25. FUNERAL DIRECTOR'S SIGNATURE**: Richards Und. Co.
**ADDRESS**: New Madrid Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4

File Number 149-12

Date Filed 1-24-49

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed L. S. Hedgpeth

Licensed Embalmer No. 3803

P. O. Address New Madrid

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.